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# City of Long Beach



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 Parks & Recreation**  
 Paul Ferrante

## Recreation Department

700 MAGNOLIA BLVD, LONG BEACH, NY 11561, 516-431-3890  
[www.longbeachny.gov/rec](http://www.longbeachny.gov/rec)

# SWIM CLUB SPRING 2015

The Rec Center is pleased to offer Spring Swim Club program for swimmers 17 and under. Swim Club is for the swimmer who wants to excel in swimming but does not want to compete in meets. It is designed to teach freestyle, backstroke, breaststroke, and butterfly as well as proper starts and turns. Swim club for those ages 10 and under will meet on Tuesdays and Thursdays from 5pm to 6pm; and those ages 11 to 17 on Mondays, Wednesdays, and Fridays from 5pm to 6pm. All participants must have completed Red Cross Lessons through Level 4. A pool membership is required.

### Lesson Fees as follows:

Resident Child 10 & under	\$150.00 registration plus \$40.00 admission or pool pass	= \$190.00
Resident Child 11 to 17	\$175.00 registration plus \$40.00 admission or pool pass	= \$215.00
Non-Res Child 10 & under	\$175.00 registration plus \$80.00 admission or pool pass	= \$255.00
Non-Res Child 11 to 17	\$200.00 registration plus \$80.00 admission or pool pass	= \$280.00

\*For the purpose of swim club, residents are those who reside in the Long Beach School District.

\*\*Recreation admission entitles the holder to use the facility at any time for the three month period.

\*\*\*Must be 16 or over to use Cardio or Weight Room.

### Schedule of Classes:

	April	May	June
Ages 10 & Under Tues. & Thurs. 5:00 pm to 6:00 pm	14-16-21-23-28-30	5-7-12-14-19-21-26-28	2-4-9-11-16-18
Ages 11 to 17 Mon., Wed., Fri. 5:00 pm to 6:00 pm	13-15-17-20-22 24-27-29	1-4-6-8-11-13-15 18-20-22-27-29	1-3-5-8-10-12 15-17-19-22

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ PARENT/GUARDIAN CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

IN AN EMERGENCY PLEASE NOTIFY: (if parent or guardian not available)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_

**NO REFUNDS – NO EXCEPTIONS!!**

**For Rec Use Only:** Receipt # \_\_\_\_\_ Date \_\_\_\_\_/15 Staff \_\_\_\_\_ Posted \_\_\_\_\_